

EXHIBIT AA



POM 911

Asset Protection Diversion Standard Operating Procedures

Diversion Pharmacy diversion occurs when prescription drugs are stolen from the pharmacy or prescription drugs are obtained using a fraudulent prescription.

Pharmacy diversion can result from both internal theft (by associates) and external theft (by customers or delivery personnel).

Fraudulent Prescriptions Fraudulent prescriptions are created by altering a legitimate prescription or presenting a prescription not authorized by a health care provider with prescriptive authority.

Fraudulent Prescription Indicators The following indicators can help identify prescriptions that may be fraudulent:

Inconsistencies on Prescription Hard Copy

- Prescription is written for unusually high dosages or quantities; or patient's normal prescription dosage largely increases. (Use professional judgment to identify prescriptions written for unusual dosages and quantities. Review the patient's prescription history to determine if the dosage suddenly increases.)
- Prescription is written for opposing therapy drugs, such as depressants and stimulants, at the same time.
- Prescription is written in pencil, or several different colors of ink.
- Lack of standard abbreviations (every word written out completely). (Medical professionals generally use standard abbreviations when writing legitimate prescriptions. Be aware if the quantity, medication name or instructions for the patient have been written out in full or with incorrect or unusual usage of medical terms and abbreviations.)

POM 911

PHARMACY OPERATIONS MANUAL
Diversion Standard Operating Procedures

**Fraudulent
Prescription
Indicators
(Cont'd)**

- Prescription appears to be photocopied, scanned, or modified:
 - * Name and office information appears off-center.
 - * Spots or creases from the original that was copied are appearing as black streaks on the page.
 - * Paper too smooth, no indentations from the pen pressing on the paper.
 - * No perforations or residual glue at the top of the script, which is usually evident when torn from a script pad.
 - * Part of the signature is cut off, such as the bottom of a "Y" or "J" that fell outside of the copy border.
 - * Toner dust rubbing off or smudging the page.

Unusual patient Behavior

- Patient is willing to pay full cash price instead of using insurance or attempts to work around the days' supply and quantity limits imposed by most insurance carriers.
- A number of patients appear simultaneously, or within a short period of time, all bearing similar prescriptions from the same Prescriber.
- patient exhibits the following behaviors:
 - * Unusually anxious, out of proportion to the situation.
 - * Unusually impatient for prescription to be filled.
 - * Attempts to rush the prescription through ahead of others' prescriptions.
 - * Attempts to persuade pharmacy associates not to verify the prescription with the prescriber.
 - * Drops off the prescription just before closing and pressures pharmacy associates to rush it through.
 - * Patient arrives within minutes of a prescription being called in by the Prescriber's office. (This may suggest that the patient called in the prescription.).
 - * Verification callback number is not prescriber's office number.

Patients who visit the pharmacy are being treated for an illness, so the way they act may not indicate anything other than that they are not feeling well. However, these behaviors may be associated with attempts to obtain medication with a fraudulent prescription.

POM 911**PHARMACY OPERATIONS MANUAL**
Diversion Standard Operating Procedures**Responding
to a
Fraudulent
Prescription**

Refer to POM 1703 Forged or Altered Prescription Procedure for guidance on proper handling of a suspected forged or fraudulent prescription.

**Controlling
pharmacy
Diversion**

Best Practices to Prevent Diversion	
	• Watch for potential prescription fraud.
	• Check deliveries against invoices using procedures in POM 807, Receiving RX Orders.
	• Monitor pharmacy access and maintain security measures.
	• Secure CII Controlled Substance Storage area at all times. Secure the CII order immediately upon receipt.
	• Adhere to procedure for Dispensing Controlled Substances in POM 903, Filling Schedule II Prescriptions.
	• Review CII Controlled Substance Perpetual Inventory (PI); PICs should review invoices for days they were off duty.
	• Enforce procedures in PD-15 and POM 201, Basic Orientation, regarding personal items in the pharmacy.
	• Ensure associates are aware of methamphetamine issues and current company policy regarding the sale and return of pseudoephedrine-containing products.
	• Use only clear trash bags and keep the pharmacy neat, organized and free from clutter to prevent an associate from placing a product in a location where it can be more easily diverted later.
	• Don't place any merchandise in the pharmacy for later purchase.
	• associate purchases are to be kept in lockers or in vehicles. pharmacists may not keep bags of personal purchases in the pharmacy area.
	• Follow POM 814, Outdated RX Returns procedures when preparing outdated drugs for return.
	• Verify with Asset Protection (AP) that CCTV systems are maintained and operational at all times.
	• Ensure all pharmacy associates have completed the <i>Rx Inventory Control CBL</i> courses.

POM 911

PHARMACY OPERATIONS MANUAL
Diversion Standard Operating Procedures

**How to
Conduct a
Diversion
Meeting**

All pharmacy associates have a role in identifying and preventing diversion. The first step is to make sure everyone understands the issue and how each associate can help.

- Educate all associates about diversion controls as a part of the regular training program in the pharmacy.
- A meeting with all pharmacy associates is **required** after diversion occurs in the pharmacy. If a Diversion investigation has been initiated, the meeting cannot be held until the conclusion of that investigation.

Scheduling the Meeting:

Market health and wellness manager (MHWM), market asset protection manager (MAPM), OTC associates, pharmacists, cashiers and technicians must attend the diversion meeting. More than one meeting may be needed in order to accommodate everyone's schedule. All hourly associates are to be "on the clock" for all meetings. Invite facility management to sit in on the meeting for support.

Reason for the Meeting:

Open the meeting by briefly explaining what diversion is and that it has occurred in your pharmacy department, but do not be specific. A suggested way to begin is, "We have recently discovered losses of prescription medications." Do not name the specific drugs or quantities. Avoid mentioning what investigative methods were used to discover the problem and never talk about who are (or were) potential suspects. Mentioning that Walmart Corporate Offices conduct audits on both controlled and non-controlled substances is acceptable.

Respect for the Individual:

Remember to maintain "Respect for the Individual" throughout the entire meeting. Emphasize that this meeting is not meant to accuse anyone. Be sure to establish that the majority of our associates are honest and trustworthy.

POM 911

PHARMACY OPERATIONS MANUAL
Diversion Standard Operating Procedures

Pharmacy Team & Reputation:

Explain the team concept of the pharmacy department, and why it is important for all associates to take ownership of their pharmacy. They need to know that for each of them, "It's My Walmart Pharmacy," and that diversion has a negative impact on the pharmacy's reputation in the community. It is essential that each pharmacy associate recognizes the importance of his or her individual reputation as a pharmacy associate, and how the staff is perceived collectively in the community.

Use the following talking points:

- Everyone is responsible for identifying and preventing diversion.
- Everyone can make a difference:
 - * Keep the pharmacy open and profitable.
 - * Walmart stock value increases with good reputation.
 - * Protect public health.
 - * Be an ethical health care professional.

Best Practices:

Review the Best Practices, outlined earlier in this document, with pharmacy associates. This should be a significant part of the meeting. Encourage associates to ask questions or make comments if they are unsure on how to implement the diversion controls. Do **not** discuss investigative techniques or potential suspects with pharmacy associates.

Group Discussion:

A successful meeting will include participation by all pharmacy associates. Encourage comments and questions and mention Wal-Mart's "Open Door" philosophy. Facilitate the open door discussion by asking questions such as:

- What questions do you have about the Best Practices we just reviewed?
- What are some concerns you have about diversion in our department?
- What are some steps we can take to make our department even more secure and efficient?
- Are there any operational issues or pharmacy policies that we seem to address or enforce inconsistently? What do you think is causing these inconsistencies?
- What can we do better overall?

POM 911**PHARMACY OPERATIONS MANUAL**
Diversion Standard Operating Procedures**Closing the Meeting:**

Thank all of the associates for taking the time to participate in the discussion of this opportunity to improve. Remind them that diversion is a sensitive issue and reinforce the importance of keeping the information discussed within the pharmacy department confidential.

Diversion Meeting Checklist

Diversion Meeting Checklist	
	Schedule the meeting for a time when the entire staff can attend.
	Open the meeting with a brief explanation of why a meeting was scheduled and what diversion is.
	Avoid giving any specifics of what was diverted or how it was discovered.
	Emphasize that this meeting is not meant to accuse anyone.
	Outline the need for all associates to take ownership for the pharmacy's reputation in the community.
	Review the <i>Best Practices to Preventing Diversion</i> outlined earlier in this document.
	Open the meeting up for comments and questions from the group.
	Thank everyone for making time to attend the meeting and remind them that the discussion is confidential.

Conclusion

Pharmacy associates are all responsible for reading and understanding Pharmacy Operations Manuals (POM's). They are equally responsible for reporting violations of these manuals to their supervisor, MHWM, and/or their respective MAPM.